## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## **St Margaret Mercy Hospital South**

City: Dyer County: Lake Year: 2003

Provider Type: General Acute

| I. Inpatient Care               |    |       |        |                                 |
|---------------------------------|----|-------|--------|---------------------------------|
| Hospital Service<br>Description |    |       |        | Average Charge<br>Per Discharge |
| Burn Care                       | 0  | 0     | 0      | \$0                             |
| Cardiac Intensive               | 0  | 0     | 0      | \$0                             |
| ICU Med/Surg                    | 8  | 472   | 1,839  | \$4,950                         |
| ICU Neonatal                    | 0  | 0     | 0      | \$0                             |
| ICU Pediatric                   | 0  | 0     | 0      | \$0                             |
| Medical/Surgical                | 75 | 3,670 | 19,014 | \$3,473                         |
| Neonatal Intermed               | 0  | 0     | 0      | \$0                             |
| Obstetrics                      | 16 | 649   | 1,568  | \$1,161                         |
| Pediatric                       | 5  | 227   | 548    | \$1,386                         |

| Psychiatric     | 0   | 0     | 0      | \$0     |
|-----------------|-----|-------|--------|---------|
| Rehabilitation  | 30  | 414   | 5,426  | \$7,732 |
| Substance Abuse | 0   | 0     | 0      | \$0     |
| Swing Beds      | NA  | 0     | 0      | \$0     |
| Other Services  | 0   | 0     | 0      | NA      |
| Acute Subtotal  | 139 | 5,432 | 28,395 | NA      |
| Normal Newborn  | 16  | 544   | 1,171  | \$1,044 |

| II. Outpatient Visits                                  |        |                     |        |  |  |
|--|--------|---------------------|--------|--|--|
| Circulatory System                                     | 4,154  | Digestive System    | 2,389  |  |  |
| Endocrine System                                       | 5,583  | Injuries and Poison | 6,010  |  |  |
| Mental Disorder  | 1,478  | Musculoskeletal     | 2,944  |  |  |
| Neoplasms  | 1,104  | Nervous             | 1,666  |  |  |
| Respiratory  | 3,507  | Urinary             | 3,096  |  |  |
| Other/Unknown  | 16,806 | Total Visits        | 49,737 |  |  |
| Number of Visits to Emer                               | 17,908 |                     |        |  |  |
| Percent of Emergency Department Visits of Total Visits |        |                     | 36.0%  |  |  |

## **Identification of Hospital Services**

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

| Y - Acute Renal Dialysis        | N - Alcohol/Drug Service    | Y - Anesthesia Services    |
|---------------------------------|-----------------------------|----------------------------|
| Y - Blood Bank                  | N - Burn Care Unit          | N - Chiropractric Service  |
| N - Coronary Care Unit          | N - Dental Services         | N - Dietetic Services      |
| Y - Emergency Service           | N - Home Care Program       | N - Hospice                |
| Y - Inpatient Surgical Services | Y - Intensive Care Unit     | Y - Laboratory(Clinical)   |
| Y - Laboratory(Anatomical)      | N - Long Term Care Unit     | N - Neonatal Nursery       |
| Y - Nuclear Medicine Services   | Y - Obstetrics Services     |                            |
| Y - Occupational Therapy        | N - Open Heart Surgery      | N - Operating Room         |
| N - Optometric Service          | N - Organ Bank              | N - Organ Transplant       |
| Y - Outpatient Service          | N - Outpatient Surgery Unit | Y - Pediatric Services     |
| N - Pharmacy                    | Y - Physical Therapy        | Y - Postoperative Recovery |
| N - Psychiatric Services        | N - Radiology(Diagnostic)   | N - Radiology(Therapeutic) |
| Y - Rehabilitation Services     | Y - Respiratory Services    | N - Self Care Unit         |
| N - Shock Trauma                | Y - Social Services         | Y - Speech Pathology       |

| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|
|      |                |       |                      |      |              |

**Health Care Regulatory Services** 

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